



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ CTD982195141

INSTALLATION ADDRESS

ADVANCED COMPOSITE PRODUCTS
PO BOX 653
NORTH BRANFORD CT 06471

21 COMMERCE DRIVE
NORTH BRANFORD CT 06471

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C ADDRESS CHANGE

C	F	CTD	98-219-5141	T/A C	1	Approved	Date Received (yr. mo. day)	87	07	27	509 009 NEW HAVEN
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I. Name of Installation

ADVANCED COMPOSITE PRODUCTS

II. Installation Mailing Address

Street or P.O. Box

C 21 COMMERCE DRIVE / PO BOX 653

City or Town

State

ZIP Code

C NORTH BRANFORD CT 06471

III. Location of Installation

Street or Route Number

C SAME

City or Town

State

ZIP Code

C

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C HOON, DOUGLAS M VP 203 484 2755

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C DAVID R. MAASS CORPORATION/P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Industrial Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

on (transporters only — enter 'X' in the appropriate box(es))

☐ Highway ☐ D. Water ☐ E. Other (specify)

Notification

Indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

CTD012136354

First notification
at this address.
EPA # for
previous address
was
CT0012136354

ID — Fr		icial Use Only	
C			T/A C
W			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2 F003	3 F004	4 D001	5 D008	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002	32 U080	33 U154	34 U159	35 U165	36 U226
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature Douglas M. Hoon	Name and Official Title (type or print) DOUGLAS M. HOON, V.P.	Date Signed 7/10/87
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EPA Form 8700-12 (Rev. 11-85) Reverse

HAZARDOUS MATERIALS
MANAGEMENT UNIT

RECEIVED
JUL 13 1987